HEARTLAND HEALTH REGION

STRATEGIC PLAN

2007 - 2010

April 2007

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JANUARY 2007 A MESSAGE FROM THE CHAIR

Lyle Leys, Chairman

Over the past year the Heartland Regional Health Authority and Heartland Leadership have been meeting and gathering input towards the development of a Strategic Plan that would guide the Region for three years (from 2007 through 2010).

The process has involved many meetings with Heartland staff and stakeholders plus Regional Health Authority (Board) planning sessions to focus the strategic direction for our Region. It has been a pleasure to meet with residents and local leaders, staff and physicians. The concern, commitment and genuine interest in working together confirms my faith in rural people; especially those people in Heartland. Thank you for your time, the thoughts and ideas you shared and your sincerity.

All of your thoughts and suggestions have been reviewed and to the greatest extent possible they have been incorporated. You are not likely to see your direct statements within this document but it is very likely that your intent has been captured. The Strategic Directions are statements that are broad in nature. They define our direction and point our way.

The Heartland staff under the leadership of President and CEO, Ken Wersch will now set about working in these directions. The ***Key Initiatives*** will be determined as will the ***Measures*** by which we will determine success. The Board will be receiving regular reports on progress and in turn we will be reporting to you.

So, the attached is our Strategic Plan. Please take the time to review it. Much work and thought has gone into it; yours, the board's and the staff's. We look forward to working with you to "make it happen in Heartland".

Heartland Regional Authority Chair

Lyle Leys

JANUARY 2007 A MESSAGE FROM THE PRESIDENT/CEO

Ken Wersch, President/CEO

I have appreciated the opportunity to visit communities across the region, as the Board gathered information and consulted with community leaders and members. Local communities are amazing as they demonstrate their commitment to Health Care.

The Leadership Team and I are honoured to lead the development of the work that will evolve from this Strategic Directions Document. We are charged with developing ***Key Initiatives*** and will be held accountable for achieving goals.

Staff, including physicians across the region will be actively involved in the work that needs to be done.

Together, Heartland Authority members, leaders, staff, region residents and a myriad of partners, we can be an amazing Health Region. We can "make it happen in Heartland".

President and CEO

Ken Wersch

VISION & VALUES

Vision Building a region of healthy people and healthy communities.

Values
Quality
Fiscal Responsibility
Being Accountable to the People we serve
Courage
Integrity/Honesty
Empathy/Compassion
Respect
Abundance

Bill Sittler, Cindy Hoppe, Erhard Poggemiller, Gary Johnson, Wayne Vaxvick
Les Langager , Eve Wagner, George Siemens
Carev Howie. Lvle Leves. Bettv Shapka

STRATEGIC DIRECTIONS

It is the 'Strategic Directions' that establish the actions the Region will take. The Strategic Directions identified by the HRHA reflect consideration of the current environment in the health care system, the particular circumstances in Heartland, the many factors that impact the health of the residents, the health status of Heartland residents and input from staff, physicians and communities.

Our Strategic Directions

BUILDING A CULTURE OF SAFETY

MAKING ONGOING COMMUNICATION A PRIORITY

SUPPORTING AND DEVELOPING HUMAN RESOURCES

ESTABLISHING QUALITY PERFORMANCE AND EXPECTATIONS

DEVELOPING PRIMARY HEALTH CARE SERVICES ACROSS THE REGION

BUILDING A CULTURE OF SAFETY

Strategic Goals

safer healthcare now!

Develop and Support the Safety culture

Develop Strategies to reduce injury

Ensure that HRHA workplace environments are safe and healthy

MAKING ONGOING COMMUNICATION A PRIORITY

Strategic Goals

Structure opportunity for open dialogue with staff, physicians, residents, communities, stakeholders and the provincial government

Actively seek out partnerships with communities, agencies, government and the private sector

Increase awareness of a shared responsibility for health, reasonable expectations and appropriate utilization of resources.

Develop navigational tools and processes to ensure easy access to service.

SUPPORTING AND DEVELOPING HUMAN RESOURCES

Strategic Goals

Continue to work at becoming the "Employer of Choice"

Ensure provision of required education and actively seek placement opportunities for health career students

Improve the retention and recruitment of health care personnel

Create a culture that promotes healthy employees in healthy workplaces

Promote informed personal health choices

Develop leaders, and establish collaborative leadership structures and processes (build teams)

ESTABLISHING QUALITY PERFORMANCE AND EXPECTATIONS

Strategic Goals

Commit to Quality of Life for Long Term Care Residents.

Increase the use of Evidence and Best Practice in Decision Making

Enhance Data Systems

Make Continuous Quality Improvement the organizational culture

Develop and implement a sustainable infrastructure plan for all facilities

DEVELOPING PRIMARY HEALTH CARE SERVICES ACROSS THE REGION

Strategic Goals

Develop Primary Health Care Service Areas and the Teams within, ensuring appropriate resource distribution

Strengthen our commitment to Chronic Disease Management and Healthy Living

Maintain and develop appropriate Secondary services to compliment Primary Health Care services

Provide the right service by the right person in the right place at the right time

Actively explore and or create alternate service delivery models

Develop strategies to address Mental Health Wellbeing, Accessible Nutritious Foods; Decreased Substance Use and Abuse; and Active Communities.

NEXT STEPS - ACTION PLANS AND MEASURES OF SUCCCESS

The development of Heartland's Strategic Plan is part of a continuing process. The next steps in the Strategic Planning Process fall primarily to the internal organization. **Key Initiatives** will be identified to move Heartland toward the Strategic Goals.

Measures or "Signs of Success" will be developed and monitored. Progress will be regularly reported and ongoing discussions will continue the development and refinement of the plans.

APPENDIX 1 DEVELOPING HEARTLAND'S THREE YEAR STRATEGIC PLAN

1.1 DIALOGUE WITH STAFF

For the Heartland Strategic Plan to appropriately reflect the needed health programs in the Region the HRHA knew that it was important to have discussions with Heartland employees and stakeholders throughout the region.

In November and December of 2005 Heartland's President/CEO and members of the Senior Leadership Team visited 14 different communities and health facilities and presented information about the HHR Heartland Health Region to staff. At that time participating Heartland staff members were asked to give their thoughts and feedback and in response to two specific questions:

- ***What changes do you see in your community in the next 5 years?***
- ***What changes do you see in Health Care in the next 5 years?***

These same questions were asked of Heartland's Out of Scope (OOS) staff in December of 2005. In total 227 staff participated in the feedback discussions that took place throughout the Region.

1.2 DIALOGUE WITH STAKEHOLDERS

In March of 2006, stakeholder meetings were held in seven different community locations throughout Heartland. A variety of stakeholders were invited including municipalities, school divisions and community health foundations in Heartland. Heartland's Chair, Lyle Leys, and its President/CEO, Ken Wersch, presented information about the Heartland Health Region (HHR) and once again received thoughts and feedback in response to the two same questions. Heartland RHA members living nearest to meeting locations also attended. One of the opportunities for information sharing and feedback took place in Unity at the regular meeting of the West Central Municipal Government Committee where forty-eight municipal leaders participated in discussion and provided feedback.

1.3 DIALOGUE BETWEEN HEARTLAND LEADERSHIP AND RHA MEMBERS

In March of 2005, the HRHA established three committees of the board to focus on three major areas of health services within the Region: Long Term Care, Emergency Medical Services and Primary Health Care. Each of these committees included representation from the HRHA board and Heartland staff. Each committee's purpose was to review the current environment and challenges and to make long term recommendations for the development of strategic plans for appropriate services in Heartland.

In January of 2006 HRHA members and Heartland Leadership dedicated two full days for strategic planning. During these planning days the three committees reported on their work and identified recommendations contributing toward the development of strategic plans. A range of health service issues and challenges were discussed as the HRHA also reviewed the vision, values and strategic goals for the Region.

1.4 WHAT WE HEARD FROM THE DIALOGUE WITH STAFF AND STAKEHOLDERS

In reflecting on and responding to the question, ***"What changes do you see in your community in the next 5 years?"*** a variety of comments were received which have been grouped into the following themes:

Changes in Heartland communities:

- Decline in Population – Young People Are Leaving – Nothing to Keep Them In The Community
- Rural Population Increasing in Age – Older Population Will Stay If Services in Community

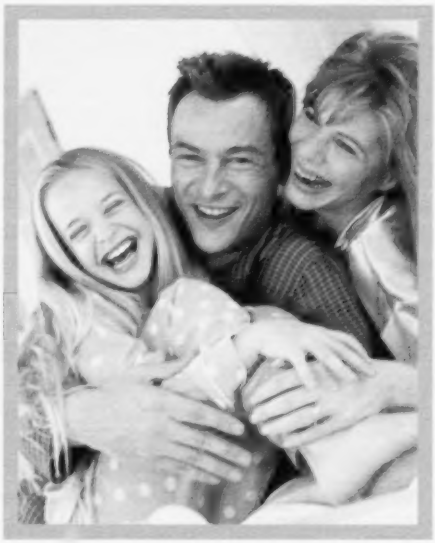
- Oilfield Activity Bringing Increased Numbers of Transient Workers – Increased Accessing of Health Care Services – Some Increased Population in some Communities
- School Closure in a Number of Communities
- Changes in Farming – Fewer Farms – Few Young People Taking Over

The following themes emerged from the responses to the question, ***"What changes do you see in Health Care in the next 5 years?"***

- Many Heartland Staff Retiring Within 5-10 Years - Challenges to Recruiting to Rural Areas
- Assisted Living Programs Starting Up In Some Communities
- More Acute and LTC Services In Communities
- Expansion of Nurse Practitioner Role In Communities
- Increasing Role for Primary Health Care
- Increased Use of Advancements in Technology
  - e.g. Tele-health/video conferencing, digital x-ray, electronic health records, medication reminders
- Increasing Vacancies in LTC Facilities in the Region
- Increased Importance of Emergency Medical Services
  - Increased Number of Creative staffing and delivery models
  - Integration Into Hospitals
  - EMS Staff Working with Community re: Education

APPENDIX 2 HEARTLAND DEMOGRAPHICS AND HEALTH STATUS INFORMATION

Data from a variety of sources has been gathered to describe our population, our social environment, our health behaviours and regional rates of illness and disease. The report contains information, for example, about the rates of certain chronic and infectious diseases, rates and leading causes of injury and health-related lifestyle choices among our population. The conceptual model of the report positions the health status of our population in the context of the non-medical *determinants of health* (e.g., environment, employment, income), and the consequences of health status (e.g., utilization of health services; disability).



Where possible, Heartland's rates are compared to other Regions determined by Statistics Canada to be similar to us in terms of demographics and economy.

The information contained within the report provides that kind of evidence needed to guide decisions regarding strategies and programming.

As health status information is provided to Heartland it is important that we use it to guide decisions with respect to appropriate health programs and services in our Region.

2.1 A SNAPSHOT OF HEARTLAND'S POPULATION

The Heartland Health Region (HHR) is located in Midwestern Saskatchewan and covers approximately 41,770 square kilometres of land area. Heartland's geography is home to 44 Rural Municipalities, 49 Villages, 15 Towns and 19 Hutterite colonies. Information on Heartland's population is important to the strategic planning process. The most recent data available tells us that:

- Heartland's people are quite widely dispersed over a large geographic area. The population density of Heartland 1.1 persons per square kilometre. Saskatchewan's population density is 1.7 persons per square Km ,and Canada's is 3.3 persons per square Km.
- According to Saskatchewan Health Covered Population for 2005,, the total population is 44,124; down approximately 2% from 2000.
- Saskatchewan Health's Population Projections suggest that Heartland's total population will continue to decline over the next 15 years.
- Currently the most populated age groups (higher concentrations) are 15-19 and 45-49. Men outnumber women in most age groups except for the age 70 and over age groups.
- There are relatively low populations of Aboriginal, visible minority, and immigrant residents, but a relatively large proportion of Hutterite residents in Heartland.
- 78% of HHR residents reported feeling a strong or somewhat strong sense of belonging to their community in 2005; up from 2003 (74%) and a significantly higher rate than Saskatchewan and Canada. A sense of belonging and support from one's community serves a protective function in terms of individual and community health status.

2.2 A SNAPSHOT OF HEARTLAND'S SOCIOECONOMIC STATUS

A report by the Canadian Institute for Advanced Research (Health Canada) estimates that social and economic factors (poverty, income, employment, education) determine 50% of the population's health status. Research indicates, for example, that income is associated with health status: those earning or living in households with higher income also having lower rates of disease, and higher rates of life expectancy. Heartland socioeconomic indicators include:

- Median family income in HHR slightly higher than SK (in 2000)
- Low rate of unemployment (3.8% in 2004; 4.3% in 2005)
- The proportion of Heartland residents who completed high school and post-secondary education is similar to Saskatchewan and Peer Regions (e.g., Kelsey Trail, Sunrise, Sun Country and Cypress Health Regions).
- 9.1% of Heartland families and unattached individuals lived below the low-income cut-off. Twelve percent of children in Heartland lived in low-income families in 2000 (below the provincial and Peer Region poverty rates)

With respect to social determinants of health (income, employment, poverty, education), Heartland is relatively "average" across the province, and often fares better than its Peer Regions.

2.3 A SNAPSHOT OF HEALTH STATUS OF HEARTLAND RESIDENTS

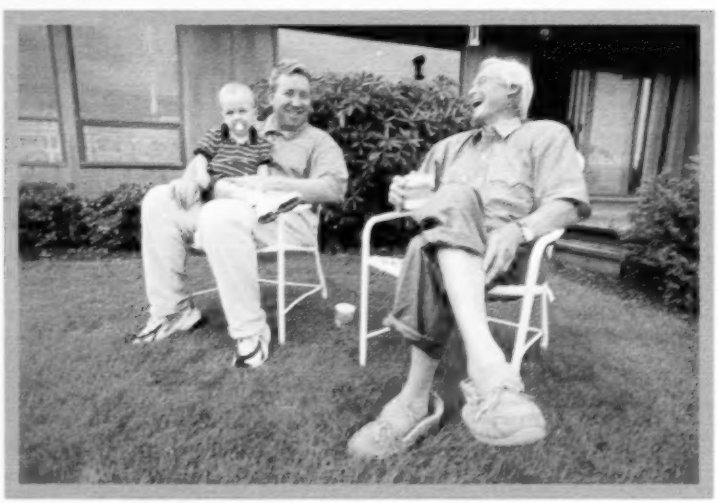
Listed below are some indicators of the population's health status. Information about the health-related behaviours of Heartland residents is also included in the context of the primary health issues facing HHR . Health behaviours have a large impact on the quality of an individual's health status. Certain behaviours, such as physical activity and maintenance of immunizations, contribute to positive health outcomes. Other behaviours such as smoking or driving while impaired contribute to negative health outcomes.

- Almost 60% of HHR residents reported being in "excellent" or "very good" health in 2005. However, statistically fewer HHR residents (compared to the Canadian average) rated their *mental health* as "excellent" or "very good" (67%).
- Life expectancy at birth is a universally accepted measure of overall health status. The life expectancy of people in HHR is 78.8 years (75.6 years for males, 81.9 years for females) (2001)
- As of 1996, residents of HHR can expect to live an average of 70.4 years free from disability (higher than SK and Peers).

Top Causes of Death in HHR *(both sexes)*

1. Circulatory Diseases
2. Cancers
3. Heart Disease

The leading cause of death among males and females in HHR are diseases which fall under the category of circulatory diseases, such as heart disease and stroke. The second leading cause of death is cancer (all types). The rate of death from heart disease alone in HHR is high enough to take third spot as a leading cause of death.



We also look at the causes of "early" death among the population; that is, what causes someone to die "prematurely" (i.e., before age 75 years). This is known as the average number of Potential Years of Life Lost (PYLL) due to a particular cause.

Top Causes of "Early" Death in HHR - Males

1. Cancer (all)
2. Unintentional Injury
3. Circulatory Disease

Top Causes of "Early" Death in HHR - Females

1. Cancers (all)
2. Circulatory Disease

3. Breast Cancer

2.4 A SNAPSHOT OF HEALTH BEHAVIOURS AND RISK FACTORS IN HEARTLAND

Risk factors associated with these top causes of death for which we have data include smoking, obesity, stress, high blood pressure, inactivity, nutrition intake, preventative screening practices, and alcohol consumption. Many of these risk factors are interrelated. Here is what we know about Heartland in terms of these risk factors:

- Data from 2005 indicated that significantly fewer HHR residents (18%) smoke daily or occasionally than in Saskatchewan (24%). However, the proportion of residents of HHR who report being exposed to second-hand smoke at home, at work and in vehicles is relatively high.
- Among Heartland residents aged 18 and over, 40% are ***overweight***, and 20% are ***obese***, according to self-report. The rate of obesity in HHR is significantly higher than the national average in 2005, as it was in 2003, when last reported
- 17.8% of HHR residents reported having "quite a lot" of life stress in 2005, a statistically lower rate than the Canadian rate of about 23%.
- The proportion of HHR residents reporting having high blood pressure was 15% in 2005, down 2% from 2003. This rate is not statistically different than that of Saskatchewan or Peer Regions.
- 49.5% Heartland residents report being physically ***in***active (52.8% men; 46% women),a rate similar to Saskatchewan's , but a lower than in Peer Regions (53%)
- Almost 60% of HHR residents fail to consume the recommended minimum of 5 fruits and/or vegetables daily. This rate is similar to Saskatchewan and Peer Region rates.
- Alcohol consumption (amount and frequency) among HHR residents is similar to Saskatchewan and Peer Regions (2003)
- In 2005, 52.6% of HHR residents aged 12 and over reported never having had a flu vaccination. The proportion who report having received a flu shot in the past year rose to 28%, from 24% in 2003.
- 77.4% of women age 18 to 69 in HHR reported having had a Pap Smear screening (for cervical cancer) in the last year (2005); down slightly from 81% in 2003.
- In 2005, a greater proportion of women in HHR between age 50 and 69 reported having had a mammogram in the last year (59.2%), compared to Saskatchewan (46%) and Peers (48%).

- Of HHR men over age 35, 36% have had a PSA (Prostate Specific Antigen) blood test (slightly higher than more Provincial rate of 32.7%).

Information about the populations health-related behaviours as well as genetics environment and socio-economic status, give us an idea of what contributes, to the particular illnesses that are most likely to plague people in HHR. The above information tells us that Heartland residents engage in relatively high rates of some health protective behaviours, such as screening for breast cancer, but have high rates of other behaviours that contribute to ill-health, such as inactivity, and non-optimal nutrition.

Many of the most common illnesses to HHR residents share the same risk factors. For example, smoking, nutrition, body weight, physical activity and stress play a role in heart disease, stroke and certain cancers.

Although it is ideal to address and rectify all health-related behaviours that increase the risk of developing these deadly diseases, it makes sense on a population-level for the HHR to focus on those behaviours which our population shows relative significant difference from the province and our peers. Some indicators of poor health related behaviors apparent in HHR are:

1. Proportion of population who is overweight or obese (high)
2. Level of leisure-time physical activity (low)
3. Rate of exposure to second-hand smoke (high)

Injuries

The information above indicates that Heartland has relatively high rates of unintentional, and to a lesser degree, intentional injuries. For this reason, a closer look was taken at some factors associated with injuries and fatalities in Saskatchewan's rural areas:

- In 2000/2001, Saskatchewan had the second highest age-standardized injury admission rate in Canada (887 per 100,000 population).The leading cause of hospital admissions due to injury in Heartland and in Canada was an unintentional fall. Accidental falls are the leading cause of unintentional injury for all age groups, but especially among those age 65 and over. The rate of hospitalization due to injury from a fall is higher among women age 65 and over than for men in the same age group (2003/2004).
- The rate of hospitalization due to injury for those aged 0-19 in Heartland is higher for both males and females, compared to Saskatchewan's rates (8.1 per 1000 females, 14.1 per 1000 males).
- The second leading cause of injury admissions to hospitals in Heartland is Motor Vehicle Accidents (MVAs).
- Overall, the number of injuries and deaths on rural roads in Saskatchewan showed a decrease in 2005 compared to the previous 3-year average. This decline in actual numbers may be partly a function of the decreasing rural population of Saskatchewan.
- In 2005, the involvement of alcohol in injuries sustained on rural roads in Saskatchewan (102) decreased by 29% compared to the previous 3-year average.
- Among injuries sustained on rural roads in 19.5% involved an unbuckled occupant in 2004 and 18% in 2005. Seatbelts were not used in almost 62% of the fatalities on rural roads in 2004, and 52% in 2005.

The data tells us that most injuries in rural areas similar to Heartland are caused by falls and MVAs. There are actions the Health Region can take to try and reduce Heartland's high rate of hospitalization and death from injury, such as a continued concentration on fall prevention among the elderly, OH&S, and promotion of seatbelt use and sober driving.

2.5 HOW DOES THIS INFORMATION CONTRIBUTE TOWARD HEARTLAND'S STRATEGIC PLAN?

The population of HHR has relatively good overall health status – almost 60% rated their own physical health as very good or excellent in 2005. Sixty-seven percent rated their mental health as very good or excellent. Compared to the rest of the province and Canada, HHR residents report having lower life stress, and a strong sense of connection to their community – both shown to be protective factors against illness.

There are aspects of HHR'S health status, however, that warrant focused attention. Inactivity and poor nutrition and consequently obesity are prevalent in HHR. Also prevalent at a relatively high rate is HHR'S unintentional injury rate. From the health status data about the population of HHR, it is suggested that focus be made in the areas of prevention (of chronic disease and injury), and management of chronic disease.

The top 3 causes of death in HHR are: circulatory diseases; cancers; and heart disease. We know that males and females generally suffer from different types of illness, and to different degrees. Leading causes of "early" death (Potential Years of Life Lost; PYLL) among males in Heartland are cancers, unintentional injury and circulatory disease. Cancer (all types, including breast cancer) is a more prominent leading cause of early death among women, as is circulatory disease.

Currently, the highest proportion of HHR residents (and in particular, male residents) is within the age category 45-49 years. In five years, the most populated group of people within HHR will be in their mid-fifties. According to HHR hospital separation data from 2002-2005, common primary diagnoses for hospitalization among Heartland residents between the ages of 40 and 60 included: Chest pain (angina pectoris); chronic ischaemic heart disease; chronic obstructive pulmonary disease; acute MI; and inguinal hernia of the groin area.

All or most of the above causes of illness or death are, to some extent, linked to the population's behaviours/choices and environment. As such, they are somewhat preventable through healthy individual behaviours or community decisions with respect to the environment. Obesity as a health status outcome is an example. The rate of obesity in Heartland has been 20% since 2003; higher than the national average. Only half of Heartland residents report being physically active, also a lower proportion compared to the province and nation. Physical activity, even at moderate levels, has been shown to improve overall health, and mitigate many diseases common to HRHA residents. Likewise, obesity has been associated with an increased risk of these same diseases.

Strategies to increase the level of physical activity and reduce obesity in HHR are suggested as a priority, to improve population health today and to diminish future risk for the development of chronic diseases. Such strategies will likely require partnership with civic groups within HHR communities.

Smoking is another risk factor associated with many diseases common to HRHA residents. Since 2003, HRHA self-reported smoking rate has been relatively low compared to the province. However, people in HRHA are at a higher risk for exposure to second-hand smoke, known to be almost equally as harmful as smoking. Compared to provincial and national rates, HRHA residents are at higher risk of second-hand smoke exposure in private residences, vehicles, and workplaces. HRHA can attempt to reduce this risk in part by increasing public awareness of the risks involved in second hand smoke exposure in public places. Part of the solution to reduce the risk of second hand smoke exposure is in the hands of legislation (e.g., extent of public smoking bans).

Unintentional injury rates are another concern in the health status of HRHA. Data tells us that HRHA is a region with high rates of early death and hospitalization due to unintentional injuries compared to the province, whose overall rates are relatively high on a national level. The rates are higher among males than females, especially for youth (higher for males particularly male youths). Different population groups suffer different types of unintentional injuries, and at different rates. For example, injuries are due mostly to falls for all age groups, but especially among seniors. Motor Vehicle Accidents (MVAs) are the second leading cause of unintentional injury and death due to injury.

More information is needed, however, regarding the specific rates of causes of unintentional injury and for what segments of our population. Information about the proportion of MVAs causing death or injury specifically in HHR involving alcohol or unbelted occupants would be helpful in targeting appropriate prevention and safety promotion initiatives. Information about the proportion of injuries that are sustained on bicycles or snowmobiles would be helpful as would information about who is most likely to sustain injuries at work. Given HHR high overall rate of hospitalization and premature death due to injury, it is suggested that further investigation to specific causes be conducted.

Prevention also comes in the form of screening for certain diseases. We know that the incidence and mortality due to breast cancer among women in HHR is slightly (but not statistically) higher than the Saskatchewan rates. Mammogram screening has been relatively utilized well by women in Heartland, and the region needs to continue to reinforce both its availability and the importance of early detection for chance of breast cancer survival. The incidence of prostate cancer among males in HHR is relatively high, due perhaps in part to the higher than average rate of screening for the disease. Unlike mammogram screening for breast cancer, evidence does not support the benefit of early screening for prostate cancer in terms of survival rates.

While HHR can target preventative strategies in response to the leading causes of illness and death, not all can be prevented. Due partly to the age of our population (higher than provincial average), chronic diseases such as heart disease are likely to remain prevalent over the next five years. A focus on strategies to manage chronic diseases outside of hospital walls is recommended. This may entail improvements to discharge planning, and a greater focus on post-discharge/ follow-up care in the community. Continued support should be given to current initiatives (regional and provincial) such as the Chronic Disease Management Collaborative.

APPENDIX 3 HEALTH SERVICES IN HEARTLAND

Following are services that are available in Heartland.

3.1 HOSPITAL/ACUTE CARE SERVICES

Acute care services in Heartland are provided in six community hospitals (Unity, Kerrobert, Biggar, Rosetown, Outlook and Davidson) and one district hospital (Kindersley). Our seven hospitals provide 82 designated acute care beds.

3.2 LONG TERM CARE SERVICES

Heartland provides Long Term Care services with the available 509 beds that in facilities throughout fourteen communities.

3.3 EMERGENCY MEDICAL SERVICES

Emergency Medical Services (EMS) are provided from 17 different sites throughout the Region. Low call volumes in several sites coupled with a significant increase to standby/on call rates raises the dominant issue of how to effectively manage costs while providing quality care.

Heartland currently operates an aging vehicle fleet of 27 units. The current vehicle renewal strategy of replacing 3 units every two years was put in place to work within available resources. At the current rate of replacement it will take 18 years to replace the ambulance purchased this year.

3.4 HOME CARE SERVICES

Through 12 home care offices in Heartland communities there are a range of services provided including nursing (for wound care, medication management and intravenous therapy as examples); nutrition support (such as meals on wheels and in home meal preparation); homemaking (including bathing, feeding, laundry and home cleaning assistance as examples); palliative care; home oxygen therapy and adult wellness clinics.

Individualized funding agreements allow individuals to receive funding directly. The client then has the personal responsibility to manage, arrange for, receive and pay for services directly.

3.5 COMMUNITY SERVICES

Within what has been known as Community Services are a wide range of programs that are available to Heartland residents throughout the Region. Included are services for adult, children and youth counselling, mental health rehabilitation and support, early childhood psychology; addiction recovery; public health nursing; public health inspection; public health nutrition and community dietetics; dental health education; speech language therapy; and podiatry.

3.6 PRIMARY HEALTH CARE SERVICES

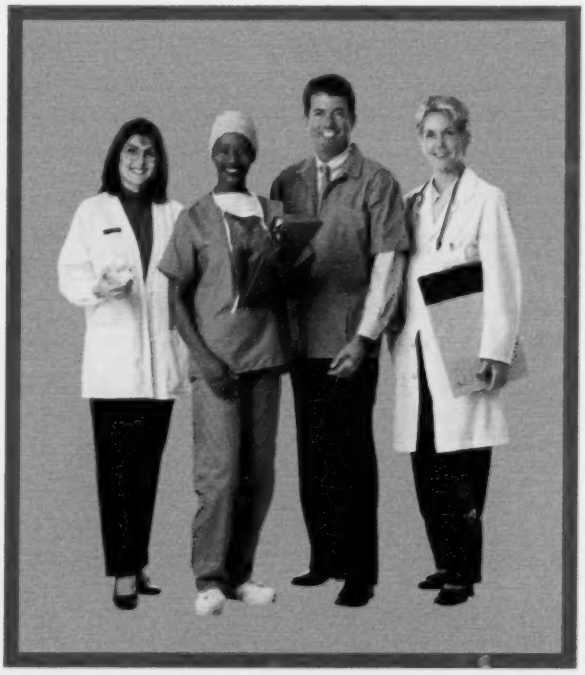
The range and complexity of factors that influence health and well-being, as well as disease and illness, require health professionals from diverse health professions to work together in a comprehensive manner.

Primary Health Care is built on the four pillars of: ***teams*** 'of health professionals; ***information*** 'sharing for better individual decisions'; ***access*** 'to the right services when and where they are needed; and

healthy living 'that focuses on prevention and keeping you well rather than just treating you after you have become sick'.

3.7 HEARTLAND'S HEALTH WORKFORCE

The recruitment of physicians, nurses, therapists and public health inspectors is an ongoing challenge in the provision of health services. In 2005-2006 the HHR employed 1,639 people and was home to 29 physicians.



APPENDIX 4 VISION VALUES AND GOALS

A vision provides a sense of what things will look or be like in the future. It is what organizations wish to see as a result of all of their focused efforts through the goals and strategic plans.

Regional Health Authority Members have reviewed the vision for Heartland. It emphasizes a **regional** focus and simply states that Heartland Regional Health Authority is committed to:

Building a region of healthy people and healthy communities.

The following reflects what is important to the HHR and more fully explains what this vision means to the members of Heartland Regional Health Authority.

HHR is not waiting passively for change to happen to us – we are actively planning for tomorrow. We are exploring creative options in service delivery and the recruitment of excellent staff.

We believe in balance. We share the commitment to wellness of the whole person, because we know that physical, spiritual and mental health are all important to quality of life.

We believe that healthy communities sustain healthy people. We are engaged in the communities we serve.

We provide essential services that impact employment and the economy of the region which forms part of the foundation on which families, farms and communities grow.

We believe in our rural roots. This is the basis of who we are and who we serve. Here in the Heartland, we help each other, we celebrate the successes of our neighbours and we nurture a sense of community.

We believe in abundance (reflected in the wealth of creativity expressed through the dedicated Heartland staff), compassion, integrity, respect.

These ideals guide our decision-making. By staying true to our vision, we believe the future is ours to shape.

Values are the set of beliefs held by the organization; every organization has them. Values are the underlying principles that guide operations, decisions and staff. They are what drive the priorities of employees and managers and how they act within the organization. They are the basis of the ethical standards in dealing with patients, residents and employees. They are essential to good strategic planning because values underlie the decision-making process.

During the January, 2006 strategic planning sessions the HHR reaffirmed the values that were developed in 2002:

Quality means we:

- Provide quality health care by doing the right thing at the right time in the right way for the right person and having the best possible outcome.

Fiscal Responsibility means we:

- Provide health programs and services to residents of Heartland within the means of the resources available to the region.

Being Accountable to the People We Serve means we:

- Provide the reporting and information to our partners and Heartland residents with respect to the effectiveness and efficiency of health programs and services and regional operations.

During these same strategic planning sessions the original values were added to:

Courage means we:

- have the conviction to say what we believe;
- are prepared to take considered risks and accept responsibility for our decisions;
- are accountable for and accepting of the consequences of our actions

Integrity/Honesty means we:

- are open, truthful and sincere in communication
- provide full disclosure of information while respecting confidentiality matters

Empathy/Compassion means we:

- practice non-judgemental listening and support in all personal interactions
- reflect caring and sensitivity in our interactions with patients, residents and colleagues

Respect means we:

- are receptive to and respectful of opinions that differ from our own
- open and understanding of personal and cultural differences of others
- offer and accept constructive feedback

Abundance means we:

- focus on our 'abundance' of resources and individual talent to creatively accomplish what is necessary
- do not focus on 'scarcity' or 'lack of'

GOALS

Provincial Goals are a key influence in the development of a Regional Strategic Plan. Heartland has adopted the provincial goals.

In addition HHR has linked its goals to the four quality dimensions of the Canadian Council on Health Services Accreditation (CCHSA). These dimensions are: responsiveness; client/community focus; system competency; and work life. The goals are also shown as related to the Strategic Directions.

1. IMPROVED ACCESS TO QUALITY HEALTH SERVICES

CCHSA Quality Dimension:	Responsiveness
CCHSA Quality Dimension:	Client/Community Focus
Heartland Strategic Direction	Developing Primary Health Care Services Across the Region
Heartland Strategic Direction	Establishing Quality Performance and Expectations
Heartland Strategic Direction	Making Ongoing Communication a Priority
Heartland Strategic Direction	Supporting and Developing Human Resources
Heartland Strategic Direction	Building a Culture of Safety

2. EFFECTIVE HEALTH PROMOTION AND DISEASE PREVENTION

CCHSA Quality Dimension	Client/Community Focus
Heartland Strategic Direction	Developing Primary Health Care Services Across the Region
Heartland Strategic Direction	Establishing Quality Performance and Expectations
Heartland Strategic Direction	Making Ongoing Communication a Priority

3. RETAIN, RECRUIT, AND TRAIN HEALTH PROVIDERS

CCHSA Quality Dimension:	Work Life
Heartland Strategic Direction	Supporting and Developing Human Resources
Heartland Strategic Direction	Building a Culture of Safety

4. A SUSTAINABLE, EFFICIENT, ACCOUNTABLE AND QUALITY HEALTH SYSTEM

CCHSA Quality Dimension	System Competency
Heartland Strategic Direction	Developing Primary Health Care Services Across the Region
Heartland Strategic Direction	Establishing Quality Performance and Expectations
Heartland Strategic Direction	Making Ongoing Communication a Priority
Heartland Strategic Direction	Supporting & Developing Human Resources
Heartland Strategic Direction	Building a Culture of Safety